SANTA CLARA COUNTY
Behavioral Health Services

NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: 7100

Assigned Policy Number: Network Adequacy and Timely Access

Mega Regs Policy Area(s): Mark All That Apply

☐	Plan Administration and Organization	☒	Provider Network
☐	Scope of Services	☐	Documentation Requirements
☐	Financial Reporting Requirements	☐	Coordination and Continuity of Care
☐	Management Information Systems	☐	Beneficiary Rights
☐	Quality Improvement System	☐	Beneficiary Problem Resolution
☐	Utilization Management Program	☐	Program Integrity
☐	Access and Availability of Services	☐	Reporting Requirements

Submitted by: Victor Ibabao Date: 4/16/2018

Policy developed by: Bruce Copley

Attach P&P Document For Review In this Section

II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: victoria phan 3527B4B4F12742C... Date: 4/16/2018

County Counsel: DocuSigned by: Lorraine Van Kirk C2D9923D8017445... Date: 4/23/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys AB2AABE6ED30409... Date: 4/24/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit

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X	**BHSD County Staff**
X	**Contract Providers**
X	**Specialty Mental Health**
X	**Specialty Substance Use Treatment Services**

Title: NETWORK ADEQUACY AND TIMELY ACCESS
This replaces BHSD Service Access policy 412-404 and SUTS P&P 2, 3, and 4

Approved/Issue Date:	**Behavioral Health Services Director:**	
Last Review/Revision Date:	**Next Review Date:**	**Inactive Date:**

REFERENCE:

- 42 Code of Federal Regulations (C.F.R.) §438.3(l) Standard Contract Requirements
- 42 Code of Federal Regulations (C.F.R.) §438.10(e)(2) Information requirements
- 42 Code of Federal Regulations (C.F.R.) §438.14(b)(1)(5) Requirements that apply to MCO, PIHP, PAHP, PCCM, and PCCM entity contracts involving Indians, Indian health care providers (IHCPs), and Indian managed care entities (IMCEs)
- 42 Code of Federal Regulations (C.F.R.) § 438.68 Network adequacy standards
- 42 Code of Federal Regulations (C.F.R.) §438.114 Emergency and poststabilization services
- 42 Code of Federal Regulations (C.F.R.) § 438.206 Availability of services
- 42 Code of Federal Regulations (C.F.R.) § 438.207(a)-(b)(1)Assurances of adequate capacity and services
- 42 Code of Federal Regulations (C.F.R.) §438.208 Coordination and continuity of care
- 42 Code of Federal Regulations (C.F.R.) §438.210(a)(1)-(5) Coverage and authorization of services
- 42 Code of Federal Regulations (C.F.R.) §438.330(d)(ii) Quality assessment and performance improvement program
- 42 Code of Federal Regulations (C.F.R.) §438.400(b)(4) Statutory basis, definitions, and applicability
- 42 Code of Federal Regulations (C.F.R.) §438.404 Timely and adequate notice of adverse benefit determination
- 42 Code of Federal Regulations (C.F.R.) § 438.910 Parity requirements for financial requirements and treatment limitations
- 45 Code of Federal Regulations (C.F.R.) §96.126(b)(2) Capacity of treatment for intravenous substance abusers
- 9 California Code of Regulations (CCR) §1810.253 Urgent Condition
- 9 California Code of Regulations (CCR) §1810.345 Scope of Covered Specialty Mental Health Services
- 9 California Code of Regulations (CCR) §1810.405 Access Standards for Specialty Mental Health Services

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- 9 California Code of Regulations (CCR) §1810.440(a)(6) MHP Quality Management Programs
- 9 California Code of Regulations (CCR) §1830.210 Medical Necessity Criteria for MHP Reimbursement for Specialty Mental Health Services for Eligible Beneficiaries Under 21 Years of Age
- 9 California Code of Regulations (CCR) §1830.220 Authorization of Out-of-Plan Services
- 9 California Code of Regulations (CCR) §1830.225. Initial Selection and Change of Person Providing Services
- 28 California Code of Regulations (CCR) §1300.67.2.2 Timely Access to Non-Emergency Health Care Services
- Assembly Bill 205 (Chapter 738, Statutes of 2017)/Senate Bill 171 Medi-Cal: Medi-Cal managed care plans
- MHSUDS Information Notice No.: 18-011 Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties
- California Department of Health Care Services Fiscal Year 13-18 Contract, Exhibit A
- County of Santa Clara Behavioral Health Services Department (BHSD) Timely Access policy (replaces 412-404 Service Access and ODS Waiver policies 2, 3, and 4)

POLICY:

To ensure that throughout the geographic regions of Santa Clara County (SCC), the Behavioral Health Services Department (BHSD) will comply with network adequacy standards developed pursuant to Title 42 of the Code of Federal Regulations Part 438.68, as specified in Chapter 738, Statutes of 2017 (Assembly Bill 205), for all beneficiaries.

This policy covers both in and out of network services. For further information regarding out of network services, please refer to BHSD P&P 2300 “Out of Plan Services.”

BHSD serves as the mental health plan and the substance use treatment services organized delivery system for Santa Clara County. BHSD will meet and require its providers to meet Department standards for timely access to care and services, taking into account the urgency of need for services.

BHSD’s network providers offer hours of operation that are no less than the hours offered to commercial beneficiaries. BHSD and its provider network make services available 24 hours a day, 7 days a week, when medically necessary. BHSD will require contracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less

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than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, BHSD shall require that hours of operation are comparable to the hours the provider makes available for Medi-Cal services that are not covered by the BHSD.

BHSD will establish mechanisms to ensure that network providers comply with the timely access requirements, including the assessment of responsiveness of the BHSD's 24 hour toll-free telephone number, timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care. BHSD will monitor network providers regularly to determine compliance with timely access requirements.

If BHSD or its network providers fail to comply with the timely access requirements, BHSD must take corrective action.

For Indian enrollees who are eligible to receive services, BHSD must demonstrate that there are sufficient Indian Health Care Providers (IHCPs) participating in the provider network to ensure timely access to services available under the contract with the State from such providers.

BHSD must maintain and monitor a network of appropriate providers that is supported by written agreements for subcontractors. This network of providers must be sufficient to provide adequate access to all services covered under the contract for all beneficiaries, including those with limited English proficiency or physical or mental disabilities. BHSD must ensure that network providers provide physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities.

BHSD and its network providers must adhere to, in all geographic areas within Santa Clara County, the state standards for time and distance. Based on population density, BHSD must provide behavioral health services within 15 miles or 30 minutes from a beneficiary's residence, taking into consideration the following:

- Anticipated number of Medi-Cal eligible clients
- Expected utilization of services
- Characteristics and mental health needs of beneficiaries
- Expected number and types of providers in terms of training and experience needed to meet expected utilization
- Numbers of network providers who are not accepting new beneficiaries
- Geographic location of available providers and their accessibility to beneficiaries
- Ability of network providers to communicate with limited English proficient beneficiaries in their preferred language

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- Ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities
- Availability of screening systems, as well as the use of telemedicine, e-visits, and/or other evolving and innovative technological solutions

For inpatient services, if BHSD is unable to provide necessary medical services covered under the state contract to a particular beneficiary, BHSD will adequately and timely cover inpatient services out of network for the beneficiary for as long as BHSD is unable to provide them. BHSD will coordinate authorization and payment with out-of-network providers and ensure that the cost to the beneficiary for out-of-network services is no greater that it would be if services were furnished in BHSD's network.

BHSD must give assurance and provide supporting documentation to the State in the state's specified format that demonstrates that it has the capacity to serve the expected enrollment in its service area in accordance with the state's standards for access and timeliness of care. The documentation must demonstrate that BHSD offers an appropriate range of specialty services that are adequate for the anticipated number of beneficiaries for the service area. BHSD must also maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries in the service area. BHSD will submit this documentation no less frequently than when it enters into contract with the State, on an annual basis, and whenever there is a change in operation that would cause a decrease of 25 percent or more in services or providers available to beneficiaries, change in benefits, geographic service area, composition of or payments to the provider network, or enrollment of a new population in Santa Clara County. BHSD must furnish this information to beneficiaries and potential beneficiaries.

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STANDARDS:

Service	Timely Access Standards (from request to appointment)	Time & Distance Standards (from beneficiary's place of residence)
Mental Health Services, Targeted Case Management, Crisis Intervention, and Medication Support Services	Within 10 business days from request to appointment	15 miles or 30 minutes
Psychiatry	Within 15 business days from request to appointment	15 miles or 30 minutes
Outpatient Substance Use Disorder services, other than opioid treatment programs	Within 10 business days from request to appointment	15 miles or 30 minutes
Opioid Treatment Programs	Within 3 business days	15 miles or 30 minutes
Hospital	N/A	15 miles or 30 minutes
Pharmacy	Prior authorization: 24 hours Emergency supply: 72 hours	10 miles or 30 minutes

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DEFINITIONS:

Assessment. A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Emergency. A Condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel or a public safety agency (Health & Safety Code § 1797.07).

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.

PROCEDURE

Responsible Party	Action Required
Call Center/ Gateway Staff	Call Center staff operate the required 24/7 access phone line for individuals or their representatives seeking access to behavioral health services. The Call Center staff conduct and document a screening over the phone that consists of Gateway Referral for Services to assess the individual for acuity risk and to determine best level of follow up behavioral health care needed. All calls are logged on the Cisco Telephone System. If needed, language

	translation is provided through the Language Services of Santa Clara County Health and Hospital System. The Call Center Supervisor monitors and tracks the call log entries to determine compliance to timely access standards for behavioral health services. The results are tabulated and displayed for review by the QAPI program data manager and presented to the BHQIC on a bi-monthly basis.
Community Based Organization and County Inpatient, Crisis Stabilization, Mobile Crisis Units	Ensure the availability of urgent and emergent behavioral health services and coordination of care with outpatient providers for continuity and coordination of care. Have adequate 24/7 coverage. Where applicable and available BHSD will request Alternative Access Standards and follow requirements that are listed in the MHSUDS Information Notice No.: 18-011 Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties.
Community Based Organizations and County Outpatient Providers	Ensure the availability of follow up services and ongoing treatment services. Conduct a full assessment and intake. Have coverage arranged when a staff member is out the office on leave through a range of processes including communication, assignment of care responsibility, and mechanisms to cover urgent and time sensitive issues.
All providers	1. Have 24/7 contact mechanisms in place. 2. Screen individuals who walk-in or phone-in for risk and acuity. 3. Have adequate clinical staff to respond to urgent and emergent requests. 4. Prioritize and serve the most acute clients first. 5. Link the individual to more acute care like mobile crisis, crisis stabilization units (CSU), or other emergency care if necessary.

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	6. Fully complete the Timely Access Log required fields for all clients seeking urgent, emergent or routine care. (In the electronic health record system). a. The log shall contain the name of the beneficiary b. Whether request was made via telephone, in writing, or in person. c. Request Date and time d. Triage or screening date/time e. Acuity f. First Offered Date g. Date of occurrence 7. Will meet timely access standards based on acuity of the individual, managed care timelines and modality of services offered. 8. Send an adverse benefit determination to enrollee and Call Center if unable to meet timely access standards. 9. Submit Quarterly timely access information to BHSD QA and internal QAPI programs. 10. Address corrective action plans for timely access discrepancies. <u>To demonstrate network adequacy:</u> 1. Providers are required to maintain accurate records of beneficiary's physical address, address they prefer for use with service location, with ZIP codes and the physical address of service location. 2. Providers will ask at the point of service, "Is this the

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	preferred location of service?" 3. As needed, the Provider will document exceptions and send them to BHSD.
QI Committee	On an annual basis, documented in the QAPI Work Plan, will set goals for the following: 1. Timeliness of routine mental health appointments 2. Timeliness of services for urgent conditions 3. Access to after-hours care 4. Responsiveness of the 24-hour toll-free telephone number. Reviews reports of timely access from the Call Center and addresses improvement opportunities.
BHSD	1. BHSD will generate reports based on time and distance from physical addresses of beneficiary's home to service location, including specific submission requirements and key due dates, responsible party, and within specific timeframes, consistent with the guidance in MHSUDS Information Notice No.: 18-011 Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties. 2. BHSD will follow DHCS guidelines for network adequacy standards for anticipated enrollment and expected utilization of routine behavioral health services, as stated in MHSUDS Information Notice No.: 18-011 Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties. 1. Monitor compliance with network adequacy standards. Quarterly NACT data submissions for MHP providers and annual NACT data submissions for DMC-ODS providers. 2. BHSD will use a geographic software program that

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	determines the distance between a participant and the defined provider. They will compare the database of providers with the database of participants and pinpoint the distance between providers and participants according to mileage or driving time. 3. BHSD will keep a log of exception requests and documentation. Annually, it is the standard practice of SCC BHSD to review and identify gaps and adjust contracts accordingly. All exceptions made for network adequacy standards regarding geographic location will be documented.
Attachments:	Network Certification Checklist Network Adequacy Certification Tool or NACT Alternative Access Standards Request Form